

WORCESTER SWIMMING CLUB MEMBERSHIP FORM 2016

Read this form carefully together with the notes available on our website under Membership.

Please insert/amend any information necessary and sign the form below.

Signing this form confirms you will abide by the clubs code of conduct.

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| --- | --- | --- | --- | --- |
| **Name** |  | | | |
| **Gender** |  | | **Squad** |  |
| **Date of Birth** |  | | **Ethnicity Code**  (see additional Details) |  |
| **Email address** |  | | | |
| **Telephone** |  | | | |
| **Address** |  | | **Use of Photo & Name**  (Delete as appropriate) | YES / NO |
| **Consent to Video**  (Delete as appropriate) | YES / NO |
| **Disability Details** (if any) |  |
| **Medical Conditions** | |  | | |
| **Allergies** | |  | | |
| **Doctors Details**  (Drs name, address & Tel) | |  | | |
| **Contact 1**  (First name, Surname, Tel) | |  | | |
| **Contact 2**  (First name, Surname, Tel) | |  | | |
| **Additional Information** | |  | | |
| **Are Annual ASA fees paid via another club** | | | Yes / No | |
| **Name of Club** | | |  | |
| **Third or Subsequent Swimmer** | | | Yes / No | |
| **ASA Fees Payment Type**  (Delete as appropriate) | | | Cheque / Bank Transfer | |

I have no objection to these details being recorded on an online database and personal details only being passed onto ASFGB Ltd and its members. I have read and fully understand the extracts from the constitution and code of conduct relevant to membership and payments (as amended from time to time) as published on the WSC website and on the notice boards at Sansome Walk and Kings Swimming pools. I confirm my understanding and acceptance that such rules shall govern my membership of the Club. I further acknowledge and accept the responsibilities of membership upon members as set out in these rules.

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent/Guardian if under 18)

**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I (PLEASE PRINT ON BLOCK CAPITALS)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_being the parent of the/guardian of the/swimmer above named hereby give permission for the Coach or Team Manager or authorised person accompanying my child/myself to give the immediate necessary authority on my child’s/my own behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my child’s/my own interest, in the doctor’s opinion, for any delay to be incurred by seeking my personal consent.

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent/Guardian if under 18)

**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_